

In the funding table in section 4301, in the item relating to Subtotal Undistributed, reduce the amount in the Senate Authorized column by \$20,000,000.

In the funding table in section 4301, in the item relating to Total Undistributed, reduce the amount in the Senate Authorized column by \$20,000,000.

**SEC. 14010. RECOGNITION OF THE NATIONAL MUSEUM OF WORLD WAR II AVIATION.**

(a) **RECOGNITION.**—The National Museum of World War II Aviation in Colorado Springs, Colorado, is recognized as America's National World War II Aviation Museum.

(b) **EFFECT OF RECOGNITION.**—The National Museum recognized by this section is not a unit of the National Park System, and the recognition of the National Museum shall not be construed to require or permit Federal funds to be expended for any purpose related to the National Museum.

**SEC. 14011. INCREASED TERM LIMIT FOR INTER-GOVERNMENTAL SUPPORT AGREEMENTS TO PROVIDE INSTALLATION SUPPORT SERVICES.**

Section 2679(a)(2)(A) of title 10, United States Code, is amended by striking “five years” and inserting “ten years.”

**SEC. 14012. REPORT ON UTILIZATION OF SMALL BUSINESSES FOR FEDERAL CONTRACTS.**

(a) **FINDINGS.**—Congress finds that—

(1) since the passage of the Budget Control Act of 2011 (Public Law 112–25; 125 Stat. 240), many Federal agencies have started favoring longer-term Federal contracts, including multiple award contracts, over direct individual awards;

(2) these multiple award contracts have grown to more than one-fifth of Federal contract spending, with the fastest growing multiple award contracts surpassing \$100,000,000 in obligations for the first time between 2013 and 2014;

(3) in fiscal year 2017, 17 of the 20 largest Federal contract opportunities are multiple award contracts;

(4) while Federal agencies may choose to use any or all of the various socio-economic groups on a multiple award contract, the Small Business Administration only examines socio-economic performance through the small business procurement scorecard and does not examine potential opportunities by those groups; and

(5) Congress and the Department of Justice have been clear that no individual socio-economic group shall be given preference over another.

(b) **DEFINITIONS.**—In this section—

(1) the term “Administrator” means the Administrator of the Small Business Administration;

(2) the term “covered small business concerns” means—

(A) HUBZone small business concerns;

(B) small business concerns owned and controlled by service-disabled veterans;

(C) small business concerns owned and controlled by women; and

(D) socially and economically disadvantaged small business concerns, as defined in section 8(a)(4)(A) of the Small Business Act (15 U.S.C. 637(a)(4)(A)), receiving assistance under such section 8(a); and

(3) the terms “HUBZone small business concern”, “small business concern”, “small business concern owned and controlled by service-disabled veterans”, and “small business concern owned and controlled by women” have the meanings given those terms in section 3 of the Small Business Act (15 U.S.C. 632).

(c) **REPORT.**—

(1) **IN GENERAL.**—Not later than 180 days after the date of enactment of this Act, the Administrator shall submit to the Committee on Small Business and Entrepreneurship of the Senate and the Committee on Small Business of the House of Representatives a report that includes—

(A) a determination as to whether small business concerns and each category of covered small business concerns described in subparagraphs (A) through (D) of subsection (b)(2) are being utilized in a significant portion of the Federal market on multiple award contracts, including—

(i) whether awards are being reserved for 1 or more of those categories; and

(ii) whether each such category is being given the opportunity to perform on multiple award contracts;

(B) a determination as to whether performance requirements for multiple award contracts, as in effect on the day before the date of enactment of this Act, are feasible and appropriate for small business concerns; and

(C) any additional information as the Administrator may determine necessary.

(2) **REQUIREMENT.**—In making the determinations required under paragraph (1), the Administrator shall use information from multiple award contracts—

(A) with varied assigned North American Industry Classification System codes; and

(B) that were awarded by not less than 8 Federal agencies.

**SEC. 14013. VENUE FOR PROSECUTION OF MARITIME DRUG TRAFFICKING.**

(a) **IN GENERAL.**—Section 70504(b) of title 46, United States Code, is amended to read as follows:

“(b) **VENUE.**—A person violating section 70503 or 70508—

“(1) shall be tried in the district in which such offense was committed; or

“(2) if the offense was begun or committed upon the high seas, or elsewhere outside the jurisdiction of any particular State or district, may be tried in any district.”.

(b) **CONFORMING AMENDMENT.**—Section 1009(d) of the Controlled Substances Import and Export Act (21 U.S.C. 959(d)) is amended—

(1) in the subsection title, by striking “; VENUE”; and

(2) by striking “Any person who violates this section shall be tried in the United States district court at the point of entry where such person enters the United States, or in the United States District Court for the District of Columbia.”.

**SEC. 14014. SENSE OF CONGRESS ON FIRE PROTECTION IN DEPARTMENT OF DEFENSE FACILITIES.**

It is the sense of Congress that—

(1) portable fire extinguishers are essential to the safety of members of the Armed Forces and their families;

(2) the current United Facilities Criteria could be updated to ensure it provides members of the Armed Forces, their families, and other Department of Defense personnel with the most modern fire protection standards that are met by their civilian counterparts, including requiring portable fire extinguishers on military installations;

(3) United Facilities Criteria 3–600–01, Section 4–9, dated September 26, 2006, addresses the national and international standards for fire safety and Department of Defense Facilities; and

(4) the Secretary of Defense should consider amending the current United Facilities Criteria Section 9–17.1 to address the standards outlined by United Facilities Criteria 3–600–01, Section 4–9, dated September 26, 2006.

**SEC. 14015.**

In the funding table in section 4101, in the item relating to Littoral Combat Ship, increase the amount in the Senate Authorized column by \$600,000,000.

In line 999 of the funding table in section 4301, in the item relating to Fuel Savings, increase the reduction by \$600,000,000.

**NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2018—MOTION TO PROCEED—Continued**

ORDERS FOR TUESDAY, SEPTEMBER 26, 2017

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Tuesday, September 26; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate resume consideration of the motion to proceed to S. 1519; finally, that the Senate recess from 12:30 p.m. until 2:15 p.m. to allow for the weekly conference meetings.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Arkansas.

60TH ANNIVERSARY OF CENTRAL HIGH SCHOOL'S INTEGRATION

Mr. BOOZMAN. Mr. President, I rise to mark an important occasion in my home State of Arkansas and our country.

In September of 1957, nine young African-American teens who were determined to receive the same education that had only been available to their White peers became the focus of an event that had repercussions throughout the Nation.

When the Supreme Court ruled that the racial segregation of public schools was unconstitutional in its 1954 Brown v. Board of Education decision, it paved the way for integration of public schools across the country.

Although the highest Court in the land had spoken, the process of desegregating the public schools was complex and still faced incredible opposition. Civil rights groups worked with citizens to help them enroll students of color in traditionally all-White schools. The Little Rock Nine were beneficiaries of such assistance from Daisy Bates and the Arkansas NAACP, among others.

On the first day of class in the fall of 1957, Little Rock Central High School became ground zero in the movement for public school integration. Governor Orval Faubus called in the Arkansas National Guard amid threats from pro-segregationists to hold protests at Central High and prevent any African-American students from entering the school. Unfortunately, the Guard was initially deployed in order to help thwart the integration effort, and as a result, Arkansas and Central High became a flashpoint that represented just how difficult integration would be, especially across the South. Despite the hostility, there were forces within Little Rock that were working together to successfully achieve a peaceful public school desegregation, starting with Central High.

Eventually, President Eisenhower sent the 101st Airborne Division of the

U.S. Army to Little Rock and federalized the Arkansas National Guard to protect the students and ensure public safety at a time when tensions were running very high throughout the city. President Eisenhower's actions helped make it possible for the Little Rock Nine to actually enter the school and attend class. Even though they were allowed to attend Central High, the African-American students were still subjected to a daunting amount of abuse and hostility. They told stories of being threatened and intimidated by fellow students and mistreated by the school's administration.

Ernest Green, Elizabeth Eckford, Jefferson Thomas, Terrence Roberts, Carlotta Walls LaNier, Minnijean Brown, Gloria Ray Karlmark, Thelma Mothershed, and Melba Pattillo Beals each chose to confront injustice and inequality in a very visible and courageous way. These Arkansans are now icons of the civil rights movement. Their actions and willingness to step forward and face what they had to have known would have been an incredibly difficult and emotional experience deserves celebration and recognition. By resolving to carry out these actions at such a young age, the Little Rock Nine set an example for Americans of every age to follow. It takes courage to do the right thing in the face of overwhelming adversity. That lesson has not been forgotten.

Arkansas has come a long way since the integration of Central High. While there is still work left to be done, Arkansans are proud of the progress we have made. Today, leaders and citizens across our State come together to promote equality and celebrate our diversity.

The theme of the 60th anniversary celebration of Central High's integration is "Reflections of Progress." This is so appropriate given that we have indeed made so much progress in the years that have followed the tumultuous start to integration.

In an effort to ensure that the legacy of the Little Rock Nine lives on, exhibits and items recognizing their contributions are on display at the Smithsonian National Museum of African American History and Culture in Washington, DC. The museum itself is a moving experience that I highly recommend for every visitor to our Nation's Capital. For Arkansans, we have an added incentive to visit in order to see the displays that honor the brave actions and determination of these Little Rock teens. We are also grateful that these items are on view for the entire country to observe and reflect upon.

The integration of Central High School serves as a poignant reminder of where we have been as a country but also of where we are headed. I am eager to work with my fellow Arkansans and all Americans as we pursue a better future for ourselves, our children, and our grandchildren.

I am proud to support legislation introduced by my fellow Arkansas, Sen-

ator TOM COTTON, to extend the boundary of the Little Rock Central High School National Historic Site in order to preserve the surrounding buildings. It is inspiring to know that our State is taking the opportunity to appropriately mark this significant occasion.

I commend the city of Little Rock, the Little Rock School District, and the Central High Integration 60th Anniversary Committee for the hard work and preparation to properly honor and celebrate this historic milestone. I thank all who have been involved in the planning of this celebration. I know that it will provide many Arkansans the chance to remember and reflect upon the Central High integration and the Little Rock Nine and also to educate younger generations about the struggle for equal rights. We will certainly build upon the celebration and take another step forward by remembering our history and creating a brighter tomorrow.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I want to make a couple of comments. Thanks to Senator BOOZMAN for honoring the little known, courageous, now no longer young men and women but then boys and girls of Little Rock.

I have had the good fortune of getting to know over the years Ernie Green, who was the senior in high school of the Little Rock group. He went on to Michigan State. Martin Luther King attended his, I believe, high school graduation, maybe his Michigan State graduation. I am not sure.

My brother arranged for my daughter, some years ago on her birthday, to get to have dinner with Ernie Green because we had watched the docudrama of the Ernie Green story, about the young men and women of Little Rock.

I say thank you to Senator BOOZMAN for honoring them.

#### DISASTER RELIEF FOR PUERTO RICO AND THE U.S. VIRGIN ISLANDS

Mr. President, I want to take a moment for the millions of American citizens who are fighting for their lives in Puerto Rico, to never ever forget that the people in Puerto Rico and the Virgin Islands are, in fact, American citizens.

It has been 5 days since Hurricane Maria ripped through the island of Puerto Rico. People are without power, they are without communication, and in many cases with no end in sight.

My staff has checked to see the condition of the veterans hospitals, both in Puerto Rico and in the three American Virgin Islands. There has been a mixed response. Some of them are up and running with electricity and water. Some of them are running with a generator. Some of them have been simply suspended or closed for a period of time.

It is up to us to make sure—one of the first things we can do is make sure those hospitals are served and running,

and there is obviously so much more we need to do.

Much of the island of Puerto Rico remains mostly cut off from San Juan. The government has dispatched runners on foot to try to maintain contact in towns outside the capital. Towns are blocked from rescuers. Patients are worried they will run out of medicine.

The Washington Post talked to a woman in a mountain town. Her mother has diabetes. They have no power. She worries they will run out of prescriptions or generator fuel to keep her insulin refrigerated. I repeat. These are citizens of the United States of America. She is worried her mother's ulcer will become infected. She fans her mother with a piece of cardboard to keep the flies away.

These are American citizens. We cannot ignore them. Puerto Rico's secretary of the Department of Agriculture estimated the storm wiped out 80 percent of the crop value on the island. Entire farms were wiped out. Entire plantations are destroyed. One farmer said there will be no food in Puerto Rico. Officials predict the storm will set the island back for decades.

Listen to JENNIFFER GONZALEZ, Puerto Rico's representative in Congress. Understand that Puerto Rico elects a Congressman or, in this case, a Congresswoman. She comes here. She doesn't have voting rights on the floor of the House of Representatives so Puerto Rico has representation but not the kind of representation Oklahoma or Ohio has, but, again, they are citizens of the United States of America.

The Resident Commissioner said:

The devastation . . . has set us back 20 to 30 years. I can't deny that the Puerto Rico of now is different from that of a week ago. The destruction of properties, of flattened structures, of families without homes, of debris everywhere. The island's greenery is gone.

Our country has been hit hard by hurricanes this year. I was proud of the way we came together in this body to support the people of Texas after Hurricane Harvey. That seems almost like ancient history. We have seen bipartisan cooperation on getting aid to Florida following Hurricane Irma. Our job is far from done. There is more to do.

We must do the same thing for our brothers and sisters, our fellow American citizens in Puerto Rico. We need to provide relief to the people of Puerto Rico with all the resources we always provide to American citizens when Mother Nature deals us a devastating blow. We can't allow children and grandparents to die waiting for help in our own backyard.

TRIBUTE TO CATHY GLENN AND DAVE AHART

Mr. President, this building is full of people who work hard to make our government function. I am not really talking about Senators. I am talking about low-paid workers in our cafeteria, I am talking about people who keep the offices clean for our constituents, I am talking about the tour guides who give

Americans from all over the country a glimpse of the historic buildings, and I am talking about the clerks right here on the Senate floor. These people work so hard in the background. Too often they don't get the credit they deserve serving the American public. I want to honor two of them today.

This week, the Senate is losing two of the kindest, most cheerfully hard-working and imaginative people in this building, my dear friends Cathy Glenn and Dave Ahart.

For nearly three decades, Cathy and Dave worked in the Senate recording studio, helping all of us do one of our most important jobs, talking with and listening to the people with whom we serve.

For a decade, I have spent my Thursday mornings—virtually every Thursday morning the Senate is in session—with Cathy and Dave. Every Thursday morning, I go to the radio studio to talk with radio stations across Ohio. It is early. It is toward the end of the week so no one would blame them for being quiet or even being grumpy, but Dave and Cathy always bring joy to everyone around them.

Because of them and Ohio's great radio hosts, Thursday morning is among the highlights of my week here. We share friendship. We share baseball. They give me baseball trivia questions I can later then test on Senator McCAIN or Senator SCHUMER. They do all right, I should say.

Anyone who knows me knows I am a Cleveland Indians fan. The Indians have won 29 out of the last 31—never equaled in Major League history, except in 1884, it is believed.

I am also a pretty big fan of baseball trivia, and that is something Dave, Cathy, and I share. About every week since 2007, I arrive at the radio studio to a new baseball trivia question before I do my radio interview. We lost the records from the first couple of years, but the first question we have on record is dated July 29, 2010: Name the only two Hall of Fame pitchers—at that time—with losing records.

Sometimes they give me hints, especially early in the morning.

They had hints. Hint No. 1: One pitcher was a starter and one was a reliever. Hint No. 2: One of the pitchers pitched in the big leagues from 1948 to 1965. Hint No. 3: One of them pitched for the Major Leagues from 1968 to 1985. The answer is—not to keep you in suspense—Satchel Paige, who played for the Indians and St. Louis Browns. Lifetime, he had 28 wins and 31 losses, but he was one of the greatest pitchers in the Negro League. He was born in the early 1900s, starting in the 1920s, when he was perhaps the single best pitcher in the Negro League. The Cleveland Indians, under the ownership of Bill Veeck, soon after they signed Larry Doby, the first Black player in the league, signed Satchel Paige, who helped to take the Indians to the World Series that year.

The other pitcher was Rollie Fingers of Steubenville, OH. He played for the

Oakland A's and San Diego Padres. He had 114 wins and 118 losses. He had more losses than he had wins because he was a closer or relief pitcher who finished off games, and typically they have more losses than they have wins. I don't want to go into those details on the Senate floor because many people who are listening probably don't really care, but I do, and so I am going to continue.

Dave and Cathy's dedication to America's game and to bringing joy to their jobs didn't end there. They made baseball dioramas, a word I did not even know until I came to the Senate and met them. Sometimes a baseball diorama is sort of a 3-D replication of a baseball stadium, complete with a nod to their favorite baseball-loving canine, my dog Franklin Roosevelt. People who know me know that of course our dog is named after Franklin Roosevelt.

They celebrated opening day every April—all of us having hope for the next year—with popcorn, peanuts, and crackerjacks in the radio studio. What always moved me wasn't just the love for baseball—that counted for a lot—but their incredible kindness, thoughtfulness, and joy of living. That is what makes them such good friends to each other, to Connie, Rachel, and me.

I can't think of anyone in this building who deserves a long, happy retirement more than Dave and Cathy. I wish them years of time spent with friends and loved ones and with a husband and a wife watching a lot of baseball games. Selfishly, I wish Dave and Cathy wouldn't go. Your friendship has meant so much to me. Thursday mornings just will not be the same.

Thank you.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Ms. WARREN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### CFPB RULE

Ms. WARREN. Mr. President, Wells Fargo creates 3.5 million fake accounts, charging customers fees and ruining credit scores. Equifax lets hackers steal personal information on 143 million Americans, putting nearly 60 percent of American adults at risk of identity theft. What is the Republican Party's response? To take away your legal rights to hold companies like Wells Fargo and Equifax accountable.

I know that sounds nuts, but it is true. Here is the issue. If you have a checking account, a credit card, a private student loan, or any other number of financial products, there is a good chance that you have given up your right to go to court if this financial firm cheats you. That is because millions of financial contracts include a forced arbitration clause that says that, if you want to legally challenge

something your financial company did to you, you can't join with other customers in court. You have to go to arbitration all by yourself.

Think about what that means in the real world. You wake up one morning, and you find a mysterious \$30 fee on your account statement. You call the bank and say: Hey, I didn't agree to this. The bank tells you: Go pound sand. So what are your options?

Well, if there is no forced arbitration clause in your contract, you can join a class action lawsuit against the bank for free. Chances are you are not the only customer who got hit with an unauthorized \$30 fee. A class action gives you a chance to get some of that money back, and, just as importantly, the bank might actually have to cough up some real money and think twice before hitting you and their other customers with hidden fees again.

Think what happens if there is a forced arbitration clause. You can't join with other customers in court. Your only option is to go out on your own and file an arbitration claim, which will cost you \$200 or more just to get started. OK. Who is going to pay \$200 to get back a \$30 fee? No one. And that is exactly what the banks are counting on. They can get away with nickel-and-diming you forever.

Earlier this year, the Consumer Financial Protection Bureau put a stop to that. They issued a new rule that prohibits financial companies from forcing you to give up your right to join in a class action. The rule guarantees your right to join other customers in court and to hold your bank accountable.

But Republicans in Congress are now coming after the rule. House Republicans have already voted to reverse the rule, and now Senate Republicans are gearing up to follow suit.

Make no mistake: Anyone who votes to reverse this rule is saying loud and clear that they side with the banks over their own constituents, because bank lobbyists are the only ones who are asking Congress to reverse this rule. Every other organization—all of those that represent actual human beings—want the rule to be saved.

Let me read from just a few. The Military Coalition, which represents more than 5.5 million veterans and servicemembers, supports the CFPB rule because "our nation's veterans should not be deprived of the constitutional rights and freedoms that they put their lives on the line to protect, including the right to have their claims heard in a trial." The Coalition says, "The catastrophic consequences these [forced arbitration] clauses pose for our all-voluntary military fighting force's morale and our national security are vital reasons" to preserve the rule.

The AARP, which represents nearly 40 million American seniors, says that the CFPB rule should be preserved because it "is a critical step in restoring consumers' access to legal remedies

that have been undermined by the widespread use of forced arbitration for many years.”

And the Main Street Alliance, which represents thousands of small businesses, says the CFPB rule will help small businesses fight against big financial firms that try to drive up their fees.

There it is: veterans, servicemembers, seniors, small businesses, consumers—all lining up to support the CFPB rule. But that is not all. Let Freedom Ring, which is an organization that proudly touts itself as “supporting the conservative agenda” likes the CFPB rule too. They say it is “in keeping with our Framers’ concerns that without appropriate protections, civil proceedings can be used as a means to oppress the powerless.”

That is the thing we have to understand. The effort to reverse the CFPB rule isn’t about promoting a conservative agenda, and it sure as heck is not about promoting a working people’s agenda. It is about advancing the donors’ agenda, the big money agenda. That is it, period.

It is amazing. Not even a decade ago, the banks sparked a financial crisis that hurt millions of working families. And while the big banks got a taxpayer bailout and are back to doling out multimillion-dollar bonuses to their executives, a lot of working families are still struggling to recover.

Yet, here in Congress, the Republican Party is still carrying water for the big banks. The big banks say: Jump. The Republican Party asks: How high? The big banks tell Congress to take away their customers’ rights to hold them accountable, and the Republican Party says: You bet. The big banks say: Take away those rights right now—right on the heels of Wells Fargo and Equifax sticking it to millions of customers. The Republican Party, without an ounce of shame, says: Yes, sir, just keep those donations coming.

The Republican Party will stop carrying water for the big banks only if you demand it. There are a lot of dollars on the other side, but your votes, your calls, your emails can make a real difference. Tell your Senators to stand up to the big banks and vote no on this resolution.

#### HEALTHCARE

Mr. President, over the past several weeks, families all over this country have raised their voices yet again. They have not given up, nor have they been shouted down, and they have made it very clear where they stand on the issue of healthcare.

The American people don’t want tens of millions of people to lose their healthcare coverage. They don’t want to open the door to insurance companies discriminating against people with preexisting conditions or eliminating addiction coverage or denying care for people with mental illness. They don’t want to kick our grandmothers out of nursing homes or tell the parents of babies born prematurely that they are on

their own to deal with a multimillion-dollar hospital bill. They don’t want the Republican healthcare repeal bills—not any of the bills that have come before and not the latest version that was revealed this morning that is still as rotten to the core as every bill that has come before it.

Doctors and nurses don’t want the Republican repeal. Neither do hospitals and insurance companies and nursing homes and Governors and State insurance commissioners.

But Senate Republicans plow ahead anyway. They are so desperate to destroy the Affordable Care Act that they keep yelling about how our healthcare system is in crisis, how it is imploding in front of our very eyes, trying to convince everyone that we need to blow the whole thing up in order to save it. But the thing is, while Republicans try to manufacture an imaginary healthcare crisis to justify their cruel repeal bill, there is a real crisis about to unfold—a crisis created by the Republicans.

September 30 is the deadline for several healthcare provisions. If Congress doesn’t act this week, Federal programs that help children, pregnant women, people in need of addiction treatment, veterans, Medicare beneficiaries, and other populations will run out of funding or just expire altogether. In many cases, Republicans and Democrats have bills stacked up, just waiting to get a vote, the agreements all hammered out. But instead of bringing those bills to the floor, the Republican leadership is fixated on repealing health insurance coverage. They insist on voting again on something that most of America doesn’t want while they ignore the work on healthcare that needs to get done now. This is beyond stupid.

One of the most important programs that will be expiring is the Children’s Health Insurance Program, which provides coverage for 9 million low-income children and pregnant women across this country. Senator Ted Kennedy and Senator ORRIN HATCH wrote this legislation together back in the 1990s. Today, that program works with Medicaid to provide health insurance for one out of every three kids in this country, including foster children and kids with special health needs.

Senator HATCH and Senator WYDEN—a Republican and a Democrat—have a bill ready to go to extend this program. Funding expires on September 30, but instead of holding a vote on that bill, Republicans want to spend this week trying to squeeze reluctant Senators to support the Graham-Cassidy bill, which contains permanent cuts to the Medicaid Program.

Then there is the funding for community health centers, which provide high-quality, integrated care. In Massachusetts, our community health centers serve one in every seven residents. Our health centers are on the frontlines of the opioid epidemic. They are working to eradicate tuberculosis.

They are improving nutritional health. They are taking the stigma out of mental health treatments. And they save money, promoting prevention and reducing the use of hospital emergency rooms.

Community health centers are a big part of what is working well in healthcare today—more coverage at lower cost. They work, but they are running out of time. Funding for community health centers runs out on September 30. Last week, 70 U.S. Senators—including 24 Republicans—signed a letter urging Congress to act to extend this funding. But instead of extending these funds, the Senate Republican leaders say: Too bad, we are too busy trying to knock millions of people out of healthcare coverage.

Then there is the funding for medical training at a special type of health center—teaching health centers. This program helps train primary care doctors. Greater Lawrence Family Health Center in Massachusetts was the very first community health center in the country to have a residency program like this. Almost 80 percent of their residents continue to work in underserved communities after they graduate—areas that often have a shortage of primary care physicians.

Funding for this program also runs out on September 30. Senator COLLINS and Senator TESTER—a Republican and a Democrat—have a bill ready to go to extend funding for teaching health centers. But instead of holding a vote on that bill this week, Republicans have said: Sorry, we are too busy trying to take away healthcare coverage from the many people who walk through the doors of community health centers.

What else is at risk if Senate Republicans refuse to act before September 30? A whole package of Medicare Programs, which help seniors and people with disabilities access the care they need. In Massachusetts, this includes the SHINE Program, which helps Medicare beneficiaries pick the right health insurance plans.

Medicaid payments that go to hospitals treating large numbers of low-income patients are also going to run out.

Funds for the Maternal, Infant, and Early Childhood Home Visiting Program, which funds home visits to new and expectant parents to help give them the training they need and the help they need to keep a new baby healthy and safe, will run out. Senators Grassley and Menendez—a Republican and a Democrat—have a bipartisan bill ready to go. But instead of voting to help those new babies and their families, Republicans want us to vote on a bill to take away health insurance.

Let’s not forget the bipartisan compromise that Senator ALEXANDER and Senator MURRAY—a Republican and a Democrat—were working on to lower health insurance premiums. In order to keep insurance premiums down for millions of insurance plans, the bill has to

pass this week. But Republicans walked away from the table because it is more important to them to rip healthcare from millions of Americans than to lower healthcare costs for hard-working families across this country.

There is a whole list of concrete things that Republicans and Democrats could be working on together to improve healthcare in this country—healthcare for babies, for new moms, for seniors on Medicaid, for people with disabilities, and for every American who buys an ACA insurance plan. In fact, behind the scenes, Republicans and Democrats have already been working together on these programs. The bills are ready to go. They are drafted, they are printed up, and they are just waiting for a vote.

We are on the edge of a healthcare crisis. It is a healthcare crisis created by the Senate Republican leadership that insists that we burn time off the clock this week, voting on yet another effort to rip away people's health insurance.

The Senate has real work to do—work that could help millions of American families. It is time to drop this cruel effort to repeal healthcare and instead focus on making sure that important health programs don't run out of funds in the next few days. That is what the American people want to see us do.

Mr. President, I yield.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from Connecticut.

Mr. MURPHY. Mr. President, let me associate myself with the remarks of the Senator from Massachusetts. There is a lot of work we need to do this week; she is right. There are healthcare crises right around the corner for millions of kids and families that we could be working on solving right now. As the Senator knows, both Connecticut and Massachusetts are still being wrecked by an opioid crisis—one that in my State is getting worse by the year, not better. We could be working together on that. We have brothers and sisters all throughout the United States who are right now in crisis because of devastating storms that have hit. We could be working together on trying to provide a meaningful response, and we aren't. Yet, again, we are back now talking about TrumpCare redux. This is version 10, version 11. I think there have been three versions already this week. This one is really the most dangerous version yet.

CBO just released a scaled-down analysis, noting that there was no way they would be able to provide a full analysis given the compressed schedule, given the need to pass this by the end of this week because of Republicans' desire to make sure that not a single Democrat is included in the negotiation. They gave us some hints as to what their score would say once it was fully completed.

Federal spending on Medicaid would be reduced by \$1 trillion over the

course of this decade. There is simply no way to rip \$1 trillion out of the Medicaid system—the Medicaid system, by the way, as all my colleagues know, that provides insurance to the disabled, to children, and to the elderly—without millions of people losing access to healthcare, people who have nowhere else to go.

CBO unsurprisingly says that the number of people with comprehensive health insurance would be reduced by millions, and they predict that States would allow insurers to set premiums on the basis of an individuals' health status. None of that is news to people who have read this piece of legislation.

I want to talk for a second about why CBO comes to those conclusions and why this is the most dangerous version of the bill yet.

In this bill is a massive reordering of the American healthcare system. The healthcare exchanges, which right now insure millions of Americans across the country, are essentially eliminated under this bill because the whole reason they existed was to funnel tax credits that are attached to individuals based on their income to help them buy insurance. Those tax credits go away under this proposal; thus, the exchanges go away.

Medicare as an entitlement is ended by this bill. No longer will you as an individual have a payment from the Federal Government attached to you because of your income or your health status or your disability. States will now get a block sum of money to do essentially what they wish, which may or may not cover the same number of people today covered under Medicaid.

While proponents of this bill are trying to contend that it still protects people with preexisting conditions, no one is buying it, no one is believing it, because on the face of the text, it does not. It is important to explain why that is.

While technically it is up to the States as to whether they protect people with preexisting conditions, under this new version, States can just sign a form that allows them to permit insurers to price based on medical acuity again—meaning charge sick people more. They will have to exercise that option under this version of TrumpCare. They will be forced to exercise that option because what is also eliminated by this version of TrumpCare is the requirement that healthy individuals buy insurance. You cannot require insurance companies to charge sick people the same as healthy people if you don't provide incentives for healthy people to sign up. There is no incentive, at least under the latest version of the bill that I read; thus, anybody who has taken a semester's worth of education on insurance practice will tell you that States will be faced with two choices: one, reimpose their own individual mandate—and I am going to guarantee you that based on the vitriol that has been launched against the individual mandate from

Republicans in this Chamber and the House of Representatives over the past 6 years, most States will probably not take on their Republican Senators and congressional delegation by passing their individual mandate—or they will be forced to drop the protection for people with preexisting conditions.

CBO and JCT anticipate that many States—I would argue the majority of States—will have to drop that protection for people with preexisting conditions because they will not pass an individual mandate; thus, rates will skyrocket for sick people or anybody who has ever been sick, making insurance unaccessible for Americans who have had a cancer diagnosis or an addiction diagnosis or a mental illness diagnosis.

This bill is a massive reorientation of the American healthcare system, the elimination of Medicaid as we know it, the end of the healthcare insurance exchanges, the end of the tax credits to help people buy healthcare insurance, and the end of the mandatory national protections for people against abusive insurance practices. We are potentially going to vote on this later this week without a CBO score—with one hearing, with no markups.

I don't care how mad my Republican friends were about how the Affordable Care Act was passed. That was done in an open process, with dozens of hearings, with markups in every committee, with 30 days of debate on the floor of the U.S. Senate, with hundreds of Republican amendments that were offered and adopted as part of the affordable healthcare act, with over a year of public input and debate about the pros and cons of the proposal.

None of that is happening on Graham-Cassidy. This is being rushed through in the dead of night, with no time for Americans to review it, no time for Members of this body to look at it, and no ability for any Senator in the Democratic Party to be able to have any input into the final product. This is nothing like what happened on the Affordable Care Act. No matter how mad you are that in the end you couldn't vote for it, Republicans had plenty of opportunity to have a say. The American people had plenty of opportunity to take a look at it. That is not happening with Graham-Cassidy.

Because there is no CBO score, we have to rely on outside independent groups to size up the potential disaster of this bill. The Center for American Progress—which admittedly is a left-leaning organization but is one of the few that have taken the time to take a look at the text and what it will mean—came to the conclusion that 32 million people would lose coverage. The Commonwealth Fund, which is not a political organization, which is an independent, nonpartisan healthcare think tank, essentially came to the same conclusion, saying that after 2026, 32 million people would lose coverage. The Commonwealth Fund says that 15 to 18 million people could become uninsured by 2019.

I have had this chart up here for 3 or 4 months, and I have had to adjust it over and over again because it started out with 23 million people losing insurance as we analyzed the first Republican repeal bill. Then, when the new version came in, you can see I had to write in 22 million people because the amended version that we were going to vote on right before the break was 1 million better. I had to redo my chart based upon this analysis of Graham-Cassidy, resulting in 32 million people losing insurance. Thirty-two million people. It is hard to understand how many people—32 million people will be losing insurance over the course of 10 years. That is the total population of Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, West Virginia. We had to cross out Rhode Island, but then we had to add Mississippi, Arkansas, Vermont, Wyoming, and Utah.

Forgive me; I had to do my own artist's rendering of these States because the data is coming in so fast and the vote is coming so quickly, I didn't have time to have this chart made up again.

That is 32 million people. Think about that. Over 10 years, the equivalent population of all of these States—what is that? 17 States, 19 States—all losing healthcare at the same time. That is a humanitarian catastrophe, and nobody knows it because this bill is being pushed through without any debate, without any CBO score. That is what could happen if this passes.

It is no surprise that basically everybody in the American healthcare system opposes this piece of legislation. The proponents cannot find a single verifier inside the medical community for this piece of legislation.

This morning, I heard Senator GRAHAM say: Well, that is to be expected. You know, we are making a big reform, and anytime you are making a big reform, the status quo players aren't going to like the result.

Well, that is a little unfair because the status quo for groups like the American Heart Association or the Juvenile Diabetes Research Foundation or the American Cancer Society—the status quo for them is that their members—people who have cancer or juvenile diabetes or heart disease—don't go bankrupt any longer because they can't afford insurance. So, yes, they are kind of upset that 32 million people are going to lose insurance—many of their members—and that we are going to go back to the day in which if you are sick, if you have cancer, in most States, you can be charged more. So, yes, people are protective of the status quo—the part of the status quo that makes sure that sick people or people who have ever been sick don't lose insurance.

I think it is actually worthwhile for just a second—bear with me—to give a quick sense as to how many people in the medical community oppose this

bill. Here is just a beginning list: the AARP, the School Superintendents Association, America's Health Insurance Plans, the ALS Association, America's Essential Hospitals, America's pediatric dentists, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Association on Health and Disability, the American Cancer Society, the American Dental Association, the American College of Physicians, the American Congress of Obstetricians and Gynecologists, the American Diabetes Association, the American Federation of Teachers, the American Heart Association, the American Hospital Association, the American Lung Association, the American Osteopathic Association, the American Medical Association, the American Public Health Association, the American Psychiatric Association, the American Psychological Association, the Arthritis Foundation, the Big Cities Health Coalition, Blue Cross Blue Shield, the Children's Hospital Association, the Center for Medicare Advocacy, the Cystic Fibrosis Foundation, the Endocrine Society, Family Voices, the Federation of American Hospitals, the HIV Medicine Association, the Human Rights Campaign, the Juvenile Diabetes Research Foundation, the Leukemia and Lymphoma Society, the Lutheran Services in America, Main Street Alliance, March of Dimes, the Medicare Rights Center, the National Association of County and City Health Officials, the National Association of School Nurses, the National Alliance of State & Territorial AIDS Directors, the National Coalition for Cancer Survivorship, the National Health Council, the National Multiple Sclerosis Society, the National Organization for Rare Diseases, the National Partnership for Women and Families, Planned Parenthood, the Arc Connecticut, the Arc of the United States, the Trust for America's Health, and 47 religious organizations representing various denominations, including American Muslim Health Professionals, Alliance of Baptists, Methodist Federation for Social Action, the National Council of Jewish Women, the Presbyterian Church of the United States, the United Church of Christ, and the United Methodist Church.

That is the tip of the iceberg. You are not really in good company if you are supportive of this bill when every single medical association, every single patient advocacy organization, every single hospital association, every single insurer thinks that you are wrong. You would like to think there might be a couple of these groups who would think it was a good thing to pass a bill that uninsures potentially 32 million—maybe 25 million, maybe 22 million—and jeopardizes preexisting protections for millions of Americans.

What is so bonkers about this is that we were this close to getting a bipartisan agreement. It is not as if there wasn't another path. I sit on the HELP

Committee. I had half a dozen conversations with Senator ALEXANDER and Senator MURRAY. I know we were 80 percent of the way there on passing a bipartisan package of reforms—at least out of the HELP Committee—that would have kept what was working in the Affordable Care Act and tried to fix what wasn't working.

I saw Leader MCCONNELL's tweet from earlier today in which he said that Senate Democrats have two thoughts on how to fix ObamaCare—one, do nothing; two, a fully government-run system that would take away even more of their decisions.

That is not true. That is not true, and everybody here knows that it is not true. Why? Because Senate Democrats were sitting down and talking with Senate Republicans. We were at the table just a week ago, trying to come up with a package of reforms. So to say that the Democrats want only a single-payer healthcare system or what we have today is not true, and everybody knows that is not true.

I am certainly raw at the fact that Republicans walked away from that negotiating table when we were so close. I do not think that was in the best traditions of the U.S. Senate, but I am ready to sit back down at the table. I know that PATTY MURRAY is ready to sit back down at the table if this process blows up, as every previous attempt at repealing the Affordable Care Act with a thoughtless alternative has blown up.

My constituents are not happy with the American healthcare system. They like a lot of the things the Affordable Care Act did, but they acknowledge there are still lots of problems that need to be solved. Amongst those constituents in my State who like what the Affordable Care Act has done but who still want to see changes are Isabelle and Rylan.

Isabelle first wrote about her son to my office 2 days after the last election. This is Rylan, who was born with a congenital heart defect. He looked healthy when he was born. He and Isabelle had been scheduled for discharge from the hospital when Rylan went in for some routine testing, but he never came back. His parents kind of knew something was up, but when the doctors arrived back in their room, they told Isabelle and her husband that Rylan needed to be rushed to the hospital for emergency surgery because his body was not getting enough oxygen, and there was something wrong with his heart. He was diagnosed with several severe heart defects, and he required emergency open heart surgery.

The first thing Isabelle thought was: How are we going to pay for this? Does insurance cover it?

She found out, much to her relief, that insurance did cover it, because insurance was required to cover things like hospitalizations under the Affordable Care Act and that they would not lose coverage, because no matter how big the bills got, the Affordable Care



Act prohibited insurance companies from cutting her off.

Isabelle has been a warrior in preserving those protections in the Affordable Care Act, and I just want to leave you with an email that she sent me this week.

She writes that she is exhausted and that she is so tired of having to fight over and over and over again for Rylan. She feels that no matter what she tries to do, this repeal is going to happen, regardless of Rylan's story, and that they are just going to be casualties of this political imperative to repeal the Affordable Care Act.

In 3 weeks, Rylan is going to be going up to Boston for his big cardiac and neuro checkup. She wishes that their biggest fight were to keep him healthy and alive, but it is not. They are engaged in a political fight to try to stop the protections, which keep him alive and keep this family solvent, from being stolen from them.

This is not a game to Isabelle and to Rylan. This is not about politics. This is about this little boy's life. I am going to tell you that my State cannot hold this together if you cut Federal funding for healthcare by 50 percent to Connecticut, as this bill would do—maybe more. What we are hearing is that money is going to be stolen from States that have implemented the Affordable Care Act in order to be delivered to the States of Senators who have not yet committed to the bill on the Republican side. We cannot hold it together for Rylan in Connecticut if you take away half of our Federal healthcare funding, if you take away the tax credits that help people buy insurance, if you take away the Medicaid that helps insure these kids—if you let insurers go back to the days in which they discriminated against these kids. It is not a game to Isabelle.

She writes:

Every time the repeal comes up (what is it—the third time or more), I feel sick with anxiety. How quickly the rug will be pulled from under us. How quickly the bricks will begin to fall.

We are ready to work with you. We are ready to sit down, once again, and try to work something out that gets Democrats and Republicans together on this and that does what the American people want us to do—keep what works in the Affordable Care Act and improve what does not work. Please give this up. You are ruining the lives of these families who, in addition to having to save their children's lives, are having to become full-time political activists to stop this from happening. We can do this together. We can deliver peace of mind to these families. It is not too late.

I yield the floor.

**THE PRESIDING OFFICER.** The Senator from New York.

**Mr. SCHUMER.** Mr. President, first, let me so commend my friend and colleague from Connecticut for his intelligent, articulate, and, most of all, passionate words. I hope that everyone on the other side of the aisle hears this.

This is not a game. I know that it is not the Presiding Officer's State, but the States that are taking the money are the ones that did not want to give good coverage—enough coverage—to people. The States like Connecticut and like New York that wanted to help people and had to put in half the money themselves are now being penalized by the States that did not. Most Americans are against that. The vast majority of Americans are against it. When Americans hear what this bill is about, almost none of them like it. None of them like it. That is why we are hiding this bill. That is why we are not debating this bill. That is why we are trying to rush it through without a score.

Yet, just over an hour ago, the non-partisan Congressional Budget Office released a preliminary analysis of the latest version of TrumpCare, the Graham-Cassidy bill. The CBO is non-partisan. The head of it was appointed by the Republican leadership. This is not one of those liberal think tanks that the other side dismisses as we dismiss the conservative ones. This is down the middle.

While the CBO has not filled in all of the details, the outline is devastating enough: The new TrumpCare bill would gut Medicaid, cause millions to lose coverage, create chaos in the marketplace, and not protect Americans who have preexisting conditions.

Members should not need any more details to know how bad a piece of legislation this is—though, certainly, we need to await more details. The other side does not want to. Even in plain language, without the numbers, the CBO makes clear that Graham-Cassidy would be the largest step backward for American healthcare in our Nation's history.

Let's go over a few things that the CBO report listed. These are down-the-middle, green-eyeshade findings that are not political.

First, Graham-Cassidy would gut Medicaid: "All told, Federal spending on Medicaid would be reduced by about \$1 trillion . . . and the program would cover millions fewer enrollees."

That means they do not know how many millions. My guess is it will be about the same as the previous bills or even worse. That means there will be a drastic cut to healthcare funding that goes to help older Americans in nursing homes, those in opioid abuse treatment programs, and low-income Americans who rely on Medicaid as their source of coverage. All of those would be slashed.

If you are a middle-class family on Long Island, in Anchorage, or if you have someone in a nursing home—a parent—you will be faced with an awful choice with too many likelihoods. Pay thousands of dollars a month out of your own pocket or ask Mom or Dad to come live with you when you don't have a spare room in your house, and you are trying to raise your kids. It is not very pretty.

The CBO writes that Graham-Cassidy would cause millions to lose healthcare coverage, with the most abrupt loss of coverage occurring as soon as 2020 due to "substantially lower" enrollment in Medicaid, nongroup coverage, and insurance of all types because there would be no incentive to sign up.

The CBO also wrote that Graham-Cassidy would destabilize the individual market, creating a death spiral.

[Under Graham-Cassidy], average health care costs among people retaining coverage would be higher, and insurers would have to raise premiums in the nongroup market to cover those higher costs. Anticipating such an unsustainable spiral, some insurers would not participate in the nongroup market. . . . In many States, the transitions starting in 2020 would be difficult, and some areas would probably have no insurers offering policies in the nongroup market.

That is a quote from the CBO. It is not by CHUCK SCHUMER, not by CHRIS MURPHY but from the CBO—destabilizing markets and huge numbers of people not getting insurance.

Here is another thing that the CBO wrote. Graham-Cassidy also fails spectacularly to protect Americans with preexisting conditions because it allows States to opt out of very popular consumer protections in our current law. According to the CBO: "Coverage for people with preexisting conditions would be much more expensive in some of those States than under current law."

I have heard my colleague from Louisiana say that this will not change the law with regard to preexisting conditions. Then why did they have to add this clause and give States the option? If they want to keep preexisting conditions, they should keep existing law.

The CBO even predicted that the "flexibility" of Graham-Cassidy would likely drive some States to pursue an age tax, charging older Americans five times as much or more for their healthcare than younger Americans.

If you are 50 to 64 and you have worked hard your whole life, your healthcare costs go up. There is a little bit of protection in present law. Much of that protection is removed by the Graham-Cassidy bill. If you are a senior citizen or close to it, you are going to pay more in too many places. That is why the AARP—again, not a very political organization—has come out so strongly against this bill, as, by the way, has the AMA and the American Cancer Society. CHRIS MURPHY listed many of the groups.

All in all, even without specific numbers for estimates, the CBO report confirms much of what we already knew about Graham-Cassidy. It is a wholesale dismantling of our healthcare system, which would create chaos in many places, cause millions to lose coverage, drive up costs, and put healthcare out of reach for the folks who need it the most.

To boot, today, Standard & Poor's—another hardly partisan organization—estimated that Graham-Cassidy would carry a staggering economic cost.

Standard & Poor's estimates that Graham-Cassidy would result in 580,000 lost jobs and \$240 billion in lost economic activity by 2027.

My colleagues on the other side of the aisle are starting tax reform. They want to cut taxes on the wealthiest people, such as big corporations, because it will create jobs. Maybe yes but maybe no—many of us think no. But right here, if we are interested in creating jobs, don't pass Graham-Cassidy because we will lose 580,000 jobs, according to Standard & Poor's.

A number of Republican Senators have expressed their opposition to this bill—most recently, Senator COLLINS. To Senator COLLINS and to the rest of my Republican colleagues, I want to say that once repeal is off the table, we want to work with you to improve the existing system. Once this bill goes down, we are ready to work with you to find a compromise that stabilizes markets and that lowers premiums.

We are ready. We have proven some of that already. Senator ALEXANDER and Senator MURRAY—one a Republican and one a Democrat, the chair and the ranking member of the HELP Committee—were making great progress toward a bipartisan agreement. They held hearings, heard expert testimony, and solicited input from colleagues on both sides of the aisle—something not done with this Graham-Cassidy bill. They were crafting a fair package, where each side got a little

and each side gave a little. Once this bill goes down, those negotiations should pick up right where they left off. That is what we on this side of the aisle believe, for sure, and I think many on the other side as well.

There is no time to waste. Insurers are about to set rates for the next year. Whether we can come together or not could be the difference between a stable market and premiums that are several hundreds of dollars more expensive.

We should pick up where Senators WYDEN and HATCH—again, one Democrat and one Republican—left off, to come to an agreement to extend the Children's Health Insurance Program, for community health centers, and for several other programs that need to be extended this week.

CBO, even with the bare structure of what this bill is all about, issued a devastating report. It is very, very hard to look that report in the eye and say: This bill improves healthcare for Americans—very hard. I hope for the good of our healthcare system, for the good of our country, and for the good of this institution that my Republican friends abandon Graham-Cassidy and its one-sidedness and choose instead to come back to the table with Democrats to do the hard work of forging a bipartisan consensus on healthcare. That is what America wants. That is what America needs.

ADJOURNMENT UNTIL 10 A.M.  
TOMORROW

Mr. SCHUMER. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 7:48 p.m., adjourned until Tuesday, September 26, 2017, at 10 a.m.

#### NOMINATIONS

Executive nomination received by the Senate:

NATIONAL LABOR RELATIONS BOARD

PETER B. ROBB, OF VERMONT, TO BE GENERAL COUNSEL OF THE NATIONAL LABOR RELATIONS BOARD FOR A TERM OF FOUR YEARS, VICE RICHARD F. GRIFFIN, JR., TERM EXPIRING.

#### CONFIRMATIONS

Executive nomination confirmed by the Senate September 19, 2017:

DEPARTMENT OF JUSTICE

NOEL J. FRANCISCO, OF THE DISTRICT OF COLUMBIA, TO BE SOLICITOR GENERAL OF THE UNITED STATES.

#### CONFIRMATION

Executive nomination confirmed by the Senate September 25, 2017:

NATIONAL LABOR RELATIONS BOARD

WILLIAM J. EMANUEL, OF CALIFORNIA, TO BE A MEMBER OF THE NATIONAL LABOR RELATIONS BOARD FOR THE TERM OF FIVE YEARS EXPIRING AUGUST 27, 2021.